

MVA219158144 / VAC - Sin Ming  
 ENTRY DATE & TIME: 30/11/2019 15:53  
 SUBMITTED BY: James Ng Wing Kin

### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### ACCIDENT STATEMENT

Date Of Report	30/11/2019 15:53
Date Of Accident	30/11/2019 11:30
Exact Location Of Accident	JUNCTION OF CLEMENTI AVE 2 AND WEST COAST ROAD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6374B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA KIM CHOON
NRIC No	S0557597D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96812434
Alternative Phone No	OTHERS-96812434
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V01854/VPO/R01
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHUA KIM CHOON
NRIC No	S0557597D
Date Of Birth	04/04/1948
Occupation	INDOOR
Date Of Driving Pass	01/11/1974
Driving Experience	45 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96812434
Fax Number	
Contact Number	OTHERS-96812434
Email Address	NOEMAIL

Address BLK 415 COMMONWEALTH AVENUE WEST #24-3011  
 Postcode 120415  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OWNER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 Vehicle -  
 Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident COLLISION - HEAD TO REAR  
 Weather Conditions CLEAR  
 Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? NO  
 Was any injured conveyed to hospital by ambulance? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 3  
 Passenger 1 NAME: : DAUGHTER  
 GENDER: : FEMALE  
 Passenger 2 NAME: : HELPER  
 GENDLR: : FEMALE

**Details of Police Action**

Was the accident reported to the police? NO  
 If Yes, Please state which Police Station  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

RIEER ATTACHMENT (ATTENDED BY: JAMES NG)

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? NO  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YN5869H  
 Vehicle Make/Model/Colour MIT FUSO / WHITE  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver LIFEI  
 NRIC/Passport Number G2872967M  
 Contact Number  
 Address  
 Postcode

Insurance Company/Name	Nature Of Damage	No. Of Passenger (Including Driver)
------------------------	------------------	-------------------------------------

## Sketch Plan Pg. 1

## SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by Insurance companies is not an admission of policy liability on the part of the Insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature

Date & Time:

30 NOV 2019

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

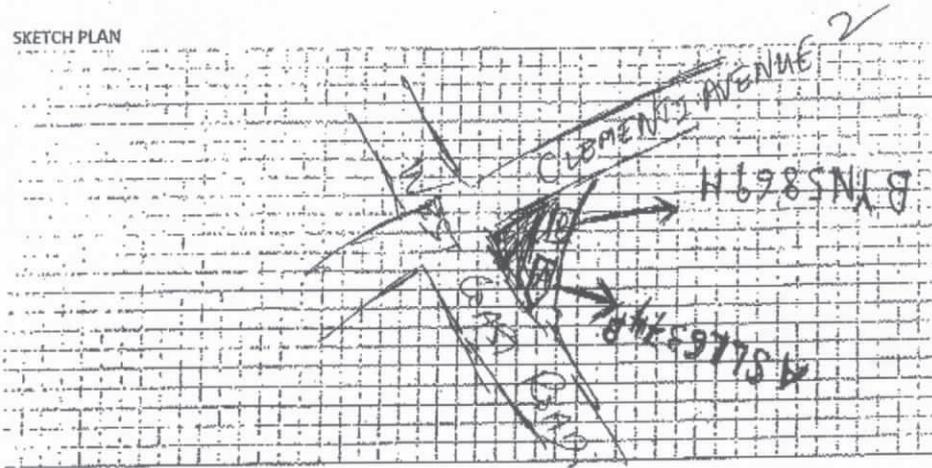


Reporting Centre Personnel's Signature

**NG WING KIN JAMES**  
 NRIC/PIN No.:  
 admin.vac@vicom.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
 A Attachment

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Handwritten Signature]*  
 Policyholder's Signature

Date & Time:  
 30 NOV 2019

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:



**NG WING KIN JAMES**  
 admin.yac@vicom.com.sg

Sketch Plan #3 Pg. 1

My car was at the link road connecting Clementi Avenue 2 and West Coast Road around 11.30 am. I was waiting for oncoming traffic from West Coast Road to pass by before turning left and proceeding to West Coast Market and Hawker Centre.

Before I can move forward, I heard a loud bang behind. I came out from my car and found out that a lorry, Registration Plate YN5869H, had knocked against the back of the car. Though there were no injuries to my back passengers, my car "suffered" substantial damages.

The lorry driver of YN5869H was Mr Li Fei, a Chinese National, Work Permit No. 07720413, with Driving Licence No. G2872967M. He is an employee of SIN YUN FURNITURE TRADING, 81 Genting Lane, Singapore 349566.



30 NOV 2019



**NG WING KIN JAMES**  
admin.vac@vicom.com.sg